

**OFFICE OF STATE UNIFORM PAYROLL
FORM 1099 REQUEST**

Pers Area # _____

TO: Office of State Uniform Payroll
1201 North Third Street, Suite 6-150
Baton Rouge, LA 70802

FROM: _____

Agency Name

DATE: _____

Please issue the following Form 1099 for **Tax Year** _____

1099-MISC <input type="checkbox"/> for wages paid on behalf of a deceased employee.	or	1099-INT <input type="checkbox"/> for interest paid pursuant to a back pay award.
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Employee Information:

Employee Name

Social Security Number

Payment Information:

Payee

Social Security Number

or _____
Taxpayer Identification Number of
decedent's estate

Check Date: _____ **Gross Amount:** _____

Check Number: _____ **Net Amount:** _____

Interest Amount: _____

Approved by:

Signature / _____
Printed Name

Title

Date

Attachment(s): Proof of Payment (copy of check)
Form W-9
Affidavit (Deceased employee wages paid to surviving spouse or major child)
Release (Deceased employee wages paid to surviving spouse or major child)